FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J10022** **(8)**

1. Corporation Name
PULLUM & SABA REALTY, INC.

Principal Place of Business	Mailing Address
3613 HWY 90 PACE FL 32571	3613 HWY 90 PACE FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1986
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21 3625 Hwy 90	26 3625 Hwy 90
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PACE, FL	City & State 28 Pace, FL
Zip / Country 24 32571 / 25 USA	Zip / Country 29 32571 / 30 USA

4. FEI Number: 59-2673509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SABA, MICHAEL P. 3613 HIGHWAY 90 WEST MILTON FL 32570	81 Name: Saba, Michael P. 82 Street Address (P.O. Box Number is Not Acceptable): 5208 Crystal Creek Dr. 83 84 City: Pace FL 85 Zip Code: 32571

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4-13-95
Signature required if this is not name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President / Director	☒ Change ☐ Addition
NAME	PULLUM, WILLIAM A.	1.2 NAME	Pullum, William A.	
STREET ADDRESS	3613 HWY 90	1.3 STREET ADDRESS	8494 Navarre Parkway	
CITY-ST-ZIP	PACE FL	1.4 CITY-ST-ZIP	Navarre, FL 32566	
TITLE	D	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	SABA, MICHAEL P.	2.2 NAME	Saba, Michael P.	
STREET ADDRESS	3613 HWY 90	2.3 STREET ADDRESS	5208 Crystal Creek Dr.	
CITY-ST-ZIP	PACE FL	2.4 CITY-ST-ZIP	Pace, FL 32571	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information indicated on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Michael P. Saba 4-13-95 904-994-0376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381844 CP